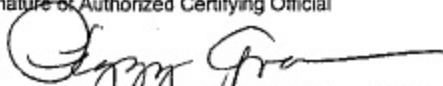# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

REVISED ☐

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 710847443470000	OMB Approval No. 0348-0038	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

Charlie Daniels
Secretary of State

4. Employer Identification Number 710847443	5. Recipient Account Number or Identifying Number 31050038861-102	6. Final Report ☐ Yes ☑ No	7. Basis ☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)*		9. Period Covered by this Report	
From: (Month, Day, Year) 4/15/2003	To: (Month, Day, Year) 12/31/2006	From: (Month, Day, Year) 1/1/2003	To: (Month, Day, Year) 12/31/2003

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	0.00	0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays	0.00	0.00	0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			2,569,738.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			2,569,738.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	

12. Remarks: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

No indirect expense and no formal award letter regarding Grant Period.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title Peggy Gram, Chief Deputy Secretary of State	Telephone (Area code, number and extension) (501) 682-1010
Signature of Authorized Certifying Official *[signature]*	Date Report Submitted February 28, 2006

SN 7540-01-218-4387   269-202   Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

Amended